Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

STATE OF KANSAS
DEPARMENT OF HEALTH AND ENVIRONMENT

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation)

79 14					and Recovery Act				
For Official Use Only	and the second	STAR C		S. P. Sandara Sandara	A STATE OF THE STA	AN CHEST PROPERTY.			
Comments									
C									
		•		Date Recei		COUNTY			
Installation's EPA I	20501	T/A C	Approved	87 / 3	day	691			
I. Name of Installation	The second second					Contract Contract			
AERITAGE	ALAZ	A A	4/06	24					
II. Installation Mailing Address	The second	and the factor of the last		and said from	2.00 mm 2.2 10 -2.5				
SARDE PREXIME	20 5/0	Street or P.	1 / 2 / C	29 BK	10 P/x/	70 200			
	City or Town		TO CIQ IV	OI AVII	State	ZIP Code			
· LEAWOON					HI .	16211			
III. Location of Installation	CTREET ADDRESS					The state of the s			
e ////0/40 //	A O O	I / /	OR PROPERIOR	N REFERENCE POINT	ППП				
5 / 6 6 9 D D X	City or Town	1/12/	157.1 N		State	ZIP Code			
C OLATHE		2			AS.	6062			
IV. Installation Contact	There was been been	Service -	والمؤوا فالمولية	الماسين المستحدد	子は、	Contract of the second			
Name and	Title (lest, first, and jo	b title)		Ph	one Number (area o	ode end number)			
2 artwril	1/1/1/1/	tilnc	ilal	Ma91	3764	1949/			
	me of Installation's Le		-5-25			nership (enter code)			
Barry	7 Mes	P) S. 1400 G. CW	January Coce)			
VI. Type of Regulated Waste A	ctivity (Mark 'X' i	n the appro	opriate box	es. Refer to in	structions.)	70 4 76 H22			
A. Hazardous Wa				B. Used	Oil Fuel Activities				
1a. Generator NOTE: If generator, you must complete section X.E. on back side of form. 1									
□ 3. Treater/Storer/Disposer □ a. Generator Markstone □ DF □ 4. Underground Injection □ b. Other Markstone									
5. Market or Burn Hazardous Waste Fuel									
(enter 'X' and mark appropriate boxes below)									
□ b. Other Merketer			Who F	irst Claims the Oi	MANAGEME	tion			
C. Burner									
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specific: 435657 A Utility Boiler C. Industrial Furnace									
VIII. Mode of Transportation (t	rai			iate box(e		of Country and			
□ A. Air □ B. Rail □ C. Highwa RCRA RECORDS									
IX. First or Subsequent Notificat									
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.									
C. Installation's EPA ID Number									
A. First Notification B. Subs	equent Notification (c	omplete item	C)						

					— For Official Use	Only T/A C					
X.	Description of	Hazardous Wastes (cont	1 3	W		1					
A.	Hazardous Wastes	from Nonspecific Sources. En	ter the four-digit nur	nber from 40 CER Part 2	61.31 for each liste	d bazardous waste					
	rom nonspecific so	urces your installation handles.	Use additional shee	ts if necessary.		a nezaroous waste					
	i	2	3	4	5	6					
(F002	$[\ \]$									
/	7	8	9	10	11	12					
	,	-									
B. I	B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from										
.,,	specific sources you	ur installation handles. Use add	itional sheets if nece	esary.							
	13	14	15	16	17	18					
	8										
	19	20	21	22	23	24					
	25	26	27	28	29	30					
C . (Commercial Chemi	cal Product Hazardous Waste	s. Enter the four-digi	t number from 40 CFR F	Part 261.33 for each	chemical substance					
_ '	our installation hal	igles which may be a nazargou	s waste. Use addition	nal sheets if necessary.							
	31	32	33	34	35	36					
	37	38	39	40	41	42					
	43	44	45	46	47	48					
D. (Cherecteristics of N	Ionlisted Hazardous Wastes. N	fack 'X' in the hoves	corresponding to the ch	assembliation of soul						
- 1	our installation har	idles. (See 40 CFR Parts 261.2)	— 261.24)	corresponding to the ch	aracteristics of nonli	isted nazardous wastes					
	1. lenita (000)	ble 2.	Corrosive (D002)	3. Reactiv	re	4. Toxic					
E.			(D004- D017								
	E. Total Quantity Generated Per Month. Mark 'X' in the appropriate box below corresponding to the total quantity of hazardous waste generated per month. Specify										
	a. Greater than 1,000 KG (2,200 lbs) Below:										
	b. Less than 1,000 KG but greater than 25 KG (55 lbs)										
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1											
X	I. Certification	The state of the state of the	والمعارض والمستناد والأكامة	and the second of the	· La propertion of the Contraction	Company of the second					
	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
s	ignature ,	1 1	Name and Of	ficial Title (type or print)	1	Date Signed					
>	Dick	Shortes	1×Gen	eral Mar	nager	X 1)-1787					

KDHE Form 8700-12 (Rev. 11-85) Reverse

Mail completed form to: Bureau of Waste Management
Kansas Department of Health & Environment
Forbes Field
Topeka, KS 66620